

**RECEIVED**

APR - 3 2023

U. S. DISTRICT COURT  
EASTERN DISTRICT OF MO  
ST. LOUIS**UNITED STATES DISTRICT COURT**

for the

Eastern District of Missouri

Jeremy K Ross

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Mercy Hospital Of St Louis

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**  
(Non-Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jeremy Ross		
Address	6012 Shelle Est Dr		
	Hillsboro	Mo	63050
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	U.S.A		
Telephone Number	6362093573		
E-Mail Address	rossjeremy51313@gmail.com		

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name	Patti Lehman		
Job or Title <i>(if known)</i>	Administrative assistant		
Address	Mercy Hospital 615 New Ballas Rd.		
	St Louis	Mo	63141
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	U.S.A		
Telephone Number			
E-Mail Address <i>(if known)</i>			
<input type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

**Defendant No. 2**

Name	Dr. Garicia		
Job or Title <i>(if known)</i>	Consulting Physician		
Address	Mercy Hospital 615 S. New Ballas Rd.		
			63141
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	U.S.A		
Telephone Number			
E-Mail Address <i>(if known)</i>			
<input type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

## Defendant No. 3

Name Peter L Zhang

Job or Title (if known) Medical Doctor

Address Mercy Hospitol 615 New Ballas Rd

St Louis Mo 63141

*City State Zip Code*

County U.S.A.

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

☐ Individual capacity ☐ Official capacity

## Defendant No. 4

Name Mercy Hospital of St Louis

Job or Title (if known) \_\_\_\_\_

Address 615 New Ballas Rd

St Louis Mo 63141

*City State Zip Code*

County USA

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

☐ Individual capacity ☐ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
- ☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials? CST Trans Inc. v. McBride 564 U.S. 685, 692 (2011), Prominent U.S 1345 Cr. 1710 1719 (0014), Cary 434 U.S. a266, ( Smith v Wade 461 U.S 30 1983), Holland ex.rel Overdorff v. Harington 269 F.3d 1179 119 ( 10th Cir 2001), Sachura 477 U.S 9d 311 ,Proline v.U.S 134 S Ct. 1710 1719 (0014), Admendments 4 unlawful siezeure, Admendment 5 due process.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Missouri rule 105.230, officer liable to party insured if any civil or military officer in this state shall by an official act cause any person subject to his or her care or control to render service or to expend time or money in the performance of any service not authorized by the laws of the land shall be liable ( see attached pages) All Officers Committed farud in their offical copicaty.

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### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?  
Mercy Hospital of St Louis 615 New Ballas Rd. 63141
- 

- B. What date and approximate time did the events giving rise to your claim(s) occur?  
01/24/20, 7:23am
- 

- C. What are the facts underlying your claim(s)? (*For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)  
The Officers stated where in official capacity and showed reckless maliceand deciet ( City of New Port v. Concert Inc.) . Actions of the defendant's where callous indifference to the federaly protected rights of others with disregaard to my constitutionaly protected rights, ( carey 434 U.S a266 ) , ( Smith v. Wade 41 U.S 30 1983)
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#### **IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

denied liberty , property, privacy, and a personal sense of security by being my constitutional right of my individual dignity. Did not receive medical treatment as the assaulted me and took my blood with no consent and held me with no consent for 7 days as shown page attached numbered 1, 2 as my lawful protest slave mark A to Z shows.

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#### **V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Three Hundred Thousand dollars 300,000

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_

Signature of Plaintiff \_\_\_\_\_

Printed Name of Plaintiff \_\_\_\_\_

### B. For Attorneys

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_